Nursing Continuing Professional Development Accreditation
American Nurses Credentialing Center

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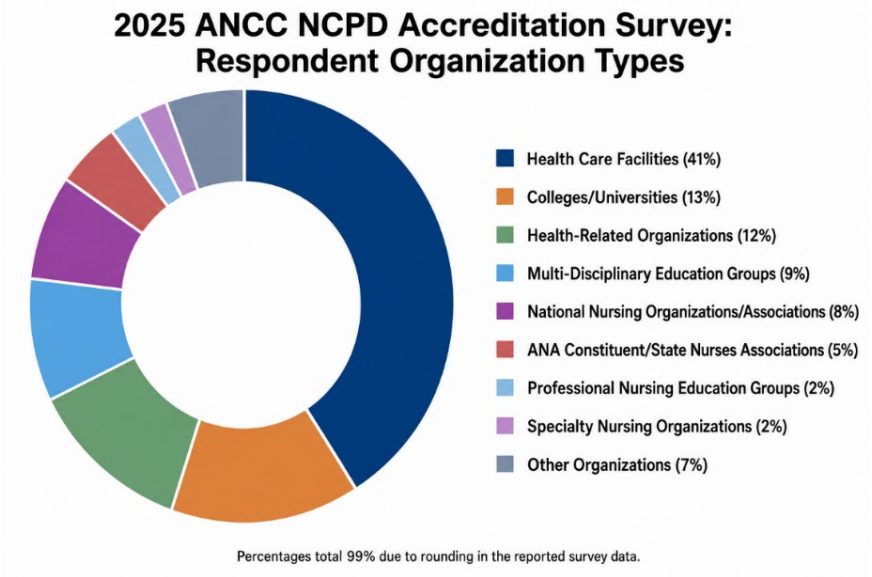
2025 ANCC Nursing Continuing Professional Development Accreditation™ Annual Impact Survey Summary

Accreditation as Infrastructure for Excellence, Capability, and Organizational Impact

Building on the voluntary pilot survey conducted in 2024, the 2025 ANCC Nursing Continuing Professional Development Accreditation™ Annual Impact Survey continued collecting data on the infrastructure, activities, outcomes, value, and future direction of ANCC NCPD Accredited Providers. The 2024 survey established this work as a longitudinal effort intended to support analysis of trends across multiple years.
The 2025 survey included responses from up to 180 accredited provider organizations. Response totals varied by question based on applicability and completion. The findings describe the organizational characteristics of accredited providers, the reported impact of accreditation, educational and collaborative activities, approaches to outcome measurement, and emerging areas of practice.

A Diverse Community of Accredited Providers

The 2025 survey reflects the range of organizations participating in ANCC NCPD Accreditation. Health care facilities represented the largest respondent group at 41%. Colleges and universities accounted for 13%, health-related organizations for 12%, multidisciplinary education groups for 9%, national nursing organizations or associations for 8%, and ANA Constituent or State Nurses Associations (C/SNA) for 5%. Professional nursing education groups and specialty nursing organizations each represented 2% of respondents. An additional 7% identified another organizational type.



Accredited Providers also represent a broad range of experience. 33% have been accredited for 1 to 4 years, 19% for 5 to 9 years, and 26% for 10 to 14 years. Eleven percent had maintained accreditation for 15 to 19 years, and 12% had been accredited for 20 years or longer. Nearly half of respondents had maintained NCPD accreditation for at least 10 years.

Organizational size varied considerably. Fifty-nine percent of respondents reported that their organizations employed 100 or more nurses. At the other end of the distribution, 26% employed between one and nine nurses. The remaining organizations employed between 10 and 99 nurses. These findings demonstrate that ANCC NCPD Accredited Providers operate within organizations of substantially different sizes and structures.

Continuity in Accredited Provider Leadership

Most ANCC NCPD Accredited Providers reported continuity in Accredited Provider Program Director (AP-PD) leadership during 2025. 86% of Accredited Providers experienced no change in the AP-PD; 13% experienced one change, and 1% reported more than one change within the 2025 calendar year.

Among organizations reporting a change, resignation was the most frequently identified reason, accounting for 46% of reported changes, with 31% involving movement or rotation of the former program director into another organizational role. Retirement accounted for 15%, promotion within the organization for 12%, and a change in leadership direction for 8%.

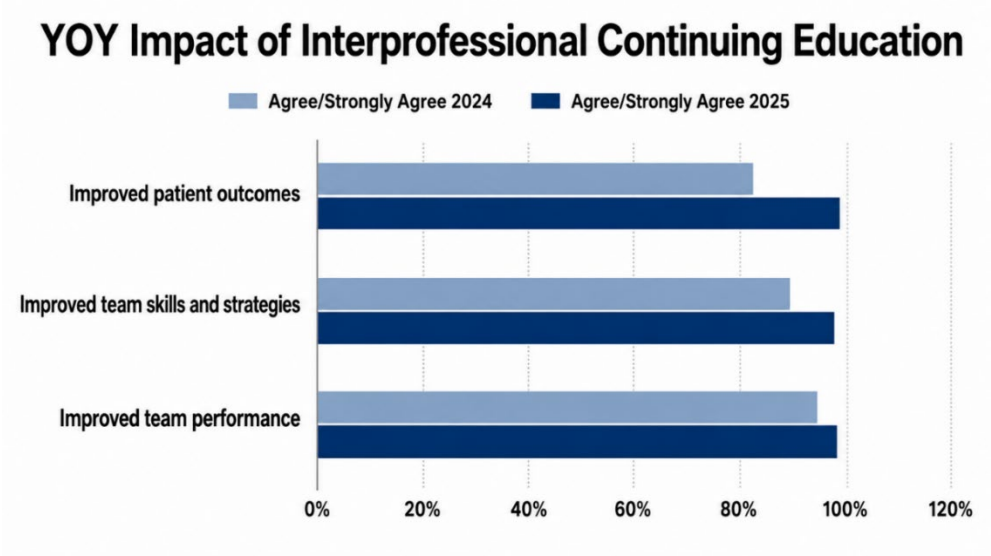
The overall findings indicate that most ANCC NCPD Accredited Providers maintained stable Program Director leadership throughout the reporting year.

Interprofessional Continuing Education and Team-Based Outcomes

Among the 161 organizations that responded to the question, 64% reported offering interprofessional continuing education in 2025. Thirty-six percent did not offer interprofessional continuing education.

Organizations offering interprofessional continuing education reported high levels of agreement regarding the effectiveness of their planning, implementation, and evaluation processes. 97% agreed or strongly agreed that these processes were effective at achieving favorable team performance outcomes. Ninety-eight percent agreed or strongly agreed that the processes supported favorable team skills and strategies, and 98% agreed or strongly agreed that they contributed to favorable patient outcomes.

These results reflect ANCC NCPD Accredited Providers reported integration of team-based education with team performance, collaborative practice, and patient outcomes.



Accreditation as a Foundation for Excellence and Organizational Value

The most frequently reported impact of ANCC NCPD Accreditation was the validation of excellence and best practices. Among 171 respondents, 60% reported a high impact, and 35% reported a medium impact in this area. Overall, 95% reported that accreditation had a medium or high impact on validating excellence and best practices.

Accreditation was also associated with organizational recognition and visibility. Fifty percent reported a high impact on program recognition or prestige, while 39% reported a medium impact. Together, 89% reported a medium or high impact.

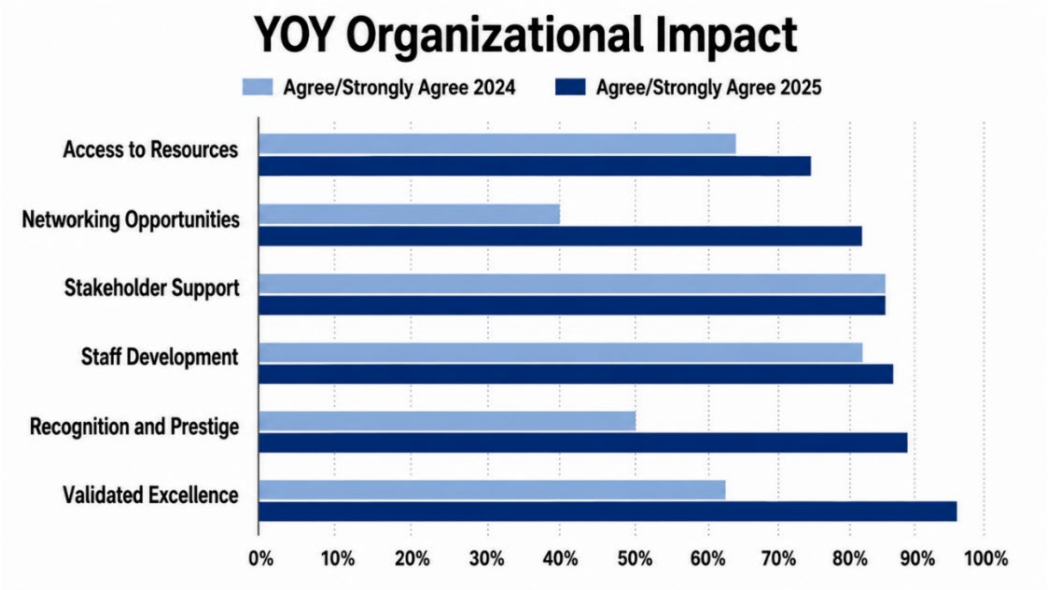
ANCC NCPD Accredited Providers also reported substantial impact on professional and organizational capability. Eighty-five percent reported a medium or high impact on the ability to develop nurses, nurse planners, faculty, and other learners or personnel. Eighty-four percent reported a medium or high impact on support from organizational stakeholders, including executive leadership, administration, and faculty.

Professional connection and access to resources were additional areas of impact. Eighty-one percent reported a medium or high impact on networking opportunities within the nursing education community, and 74% reported a medium or high impact on access to educational materials, technology, training, or other resources.

Accredited providers reported more variable impact in workforce and financial areas. Sixty percent reported a medium or high impact on attracting nurses, faculty, nurse planners, students, or other personnel. Sixty percent also reported a medium or high impact on retention. Sixty-six percent reported a medium or high impact on financial well-being or organizational growth.

Funding was the area in which respondents reported the lowest impact. 28% reported a medium or high impact from receiving internal funding, while 19% reported a medium or high impact from receiving external funding, such as grants or government support.

Across the impact measures, accreditation was most strongly associated with validation of quality, organizational recognition, professional development, stakeholder support, networking, and access to resources.



Supporting Transition-to-Practice and Fellowship Education

Among 86 respondents, 45% reported that their organization had an RN residency or RN fellowship program accredited by ANCC through the Practice Transition Accreditation Program or Advanced Practice Provider Fellowship Accreditation. Five percent reported a residency or fellowship accredited by another organization, and 50% reported that their RN residency or fellowship programs were not accredited.

Advanced practice fellowship accreditation was less common. Among 59 respondents, 12% reported an advanced practice fellowship accredited by ANCC, 5% reported accreditation by another organization, and 83% reported no accredited advanced practice fellowship program.

Among the organizations responding to a related question, 54% reported using ANCC NCPD Accreditation criteria to design, implement, evaluate, or award ANCC contact hours or OB-CE credit for RN residency or fellowship programs. Four percent reported using the criteria for advanced practice fellowship programs.

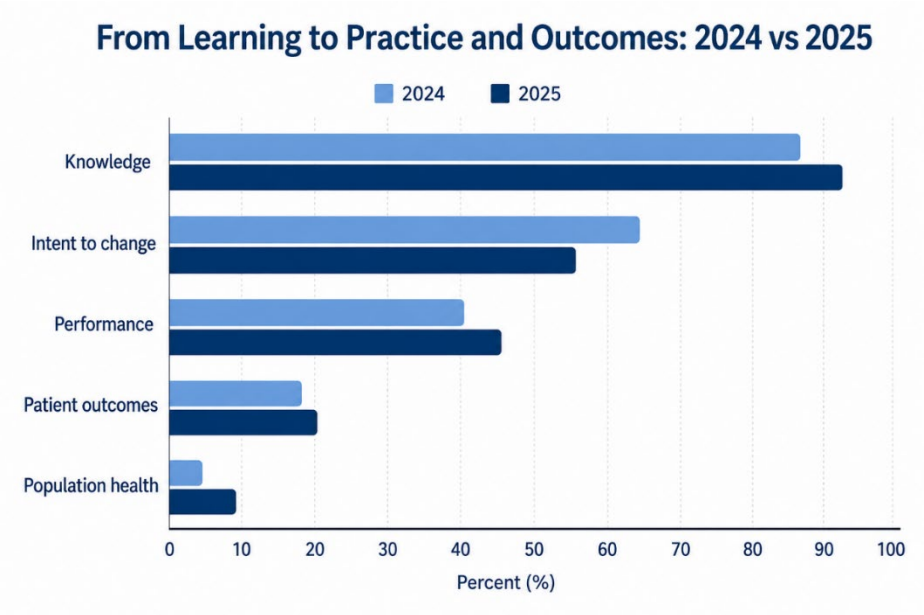
These findings demonstrate an intersection between ANCC NCPD Accredited Providers and transition-to-practice education, particularly within RN residency and fellowship programs.

Measuring the Outcomes of Continuing Professional Development

Knowledge was the most measured educational outcome. 92% of respondents reported tracking knowledge through methods such as simulations, examinations, or post-activity assessments. Sixty-one percent tracked learners' intent to change practice.

Measurement decreased at progressively higher outcome levels. Forty-seven percent tracked performance outcomes, such as documented changes in practice or quality reporting. 21% tracked patient outcomes, and 9% tracked population health outcomes. Two percent reported tracking none of the listed outcomes.

The findings demonstrate that most ANCC NCPD Accredited Providers measure immediate learning outcomes, while smaller proportions connect educational activities to changes in performance, patient outcomes, or population health.

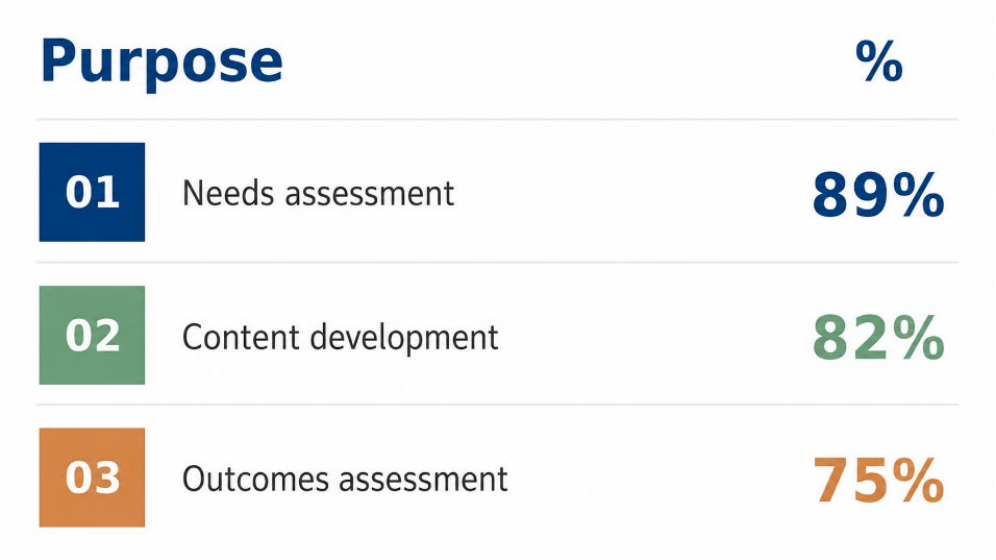


Connecting NCPD with Quality Improvement

Quality-improvement data were available for most ANCC NCPD Accredited Providers. Among 164 respondents, 75% reported that organizational QI data were accessible to the provider unit, while 25% reported that the data were not accessible.

ANCC NCPD Accredited Providers with access to QI data used the information throughout the educational planning process. Eighty-nine percent used QI data to assess professional practice gaps or learning needs. 82% used the data to inform activity content, and 75% used it to assess educational outcomes. Only 2% reported that their accredited provider unit did not use QI data.

These findings reflect the use of organizational performance information to inform educational priorities, content, and evaluation.



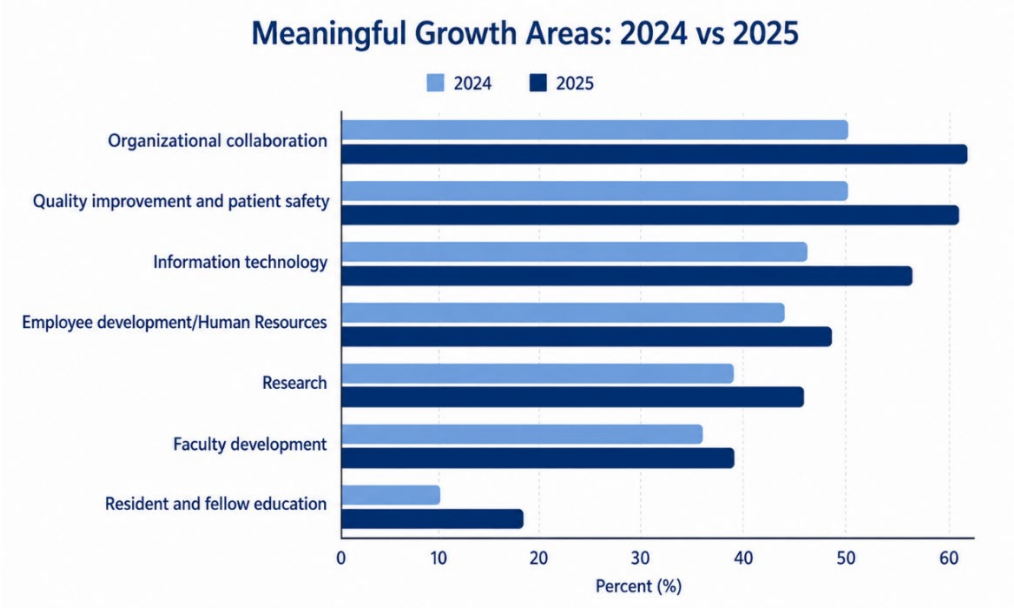
Accredited Providers as Collaborative Learning Partners

ANCC NCPD Accredited Providers reported collaboration with numerous organizational programs and departments. The most frequently reported collaboration was with continuing education for other health professions, identified by 72% of respondents. Fifty-nine percent collaborated with quality improvement and patient safety, 54% with information technology, 48% with employee development or human resources, and 45% with research.

Additional collaborations included diversity and inclusion at 40%, faculty development at 39%, simulation centers at 33%, compliance offices at 27%, library or informatics centers at 26%, and public education or community outreach at 25%.

Collaboration was reported less frequently for patient and family advocacy (19%), resident and fellow education (18%), pastoral care (11%), and medical student education (5%). Two percent reported no collaboration with the listed programs or departments.

The breadth of collaboration indicates that they often function across professional, educational, quality, operational, and academic areas within their organizations.



Advancing Educational and Professional Capability

ANCC NCPD Accredited Providers reported supporting learners, faculty, and individuals outside clinical nursing teams in a range of content areas. Leadership development was the most frequently reported area of support at 65%. Fifty-one percent supported learner-assessment methods, 50% supported curriculum design, and 45% supported program evaluation.

Other areas included certification preparation at 37%, discipline-specific content at 36%, instructional methodology at 34%, Competency-Based education at 27%, research-skill preparation at 26%, and wellness at 23%. Eleven percent selected none of the listed areas.

These findings demonstrate that ANCC NCPD Accredited Providers contribute to educational design, evaluation, leadership development, assessment, and professional capability in addition to planning individual NCPD activities.

Priorities for the Coming Year

Implementation of the new ANCC NCPD Accreditation criteria was the most frequently reported priority for the next year, identified by 57% of respondents. Educational strategies, including learner engagement and formative evaluation, followed closely at 56%.

46% identified the development of clinical educators, nursing professional development practitioners, and clinical instructors as a priority. 44% selected the promotion of the value of NCPD.

Additional priorities included outcomes-based continuing education at 26%, interprofessional continuing education at 24%, Accreditation with Distinction at 22%, implementation of the

Standards for Integrity and Independence in Accredited Continuing Education at 17%, NCPD or education research at 13%, and the ANCC Premier Award at 13%.

The reported priorities reflect continued attention to accreditation implementation, educational effectiveness, educator capability, the value of NCPD, and the expansion of outcomes-focused educational models.



Emerging Use of Alternative Credentials

Most ANCC NCPD Accredited Providers did not report issuing alternative credentials in 2025. Among 168 respondents, 83% selected none of the listed credential types. Ten percent reported issuing certificates for practice specialization, 5% issued digital badges, and 5% issued non-board-certified certifications. One percent issued skill badges, and 1% issued graduate or post-master's certificates. No respondents reported issuing nanodegrees.

Among the smaller number of organizations reporting topics associated with alternative credentials, leadership was the most frequently selected area at 50%, followed by preceptor or mentor training at 43%. Other reported topics included chemotherapy administration, triage, trauma-informed care, faculty development, end-of-life care, artificial intelligence, sepsis management, and ECMO management.

Although current adoption was limited, 35% of respondents reported that their organizations were considering creating or awarding Microcredentials or other alternative credentials. Of the 68 respondents asked whether an ANCC NCPD framework would be beneficial, 91% said yes.

These findings identify alternative credentials as an emerging area of interest among a subset of accredited provider organizations.

Summary

The 2025 ANCC Nursing Continuing Professional Development Accreditation™ Annual Impact Survey describes a diverse and experienced community of ANCC NCPD Accredited Providers operating across health care facilities, academic institutions, professional organizations, associations, and other settings.

Accreditation was most frequently associated with validation of excellence and best practices, program recognition, development of professional capability, organizational stakeholder support, networking, and access to educational resources. ANCC NCPD Accredited Providers also reported extensive collaboration with quality improvement, other health-profession education programs, information technology, human resources, and research.

Most organizations measured knowledge and intent-to-change outcomes, whereas fewer measured performance, patient, and population health outcomes. Three-quarters had access to organizational QI data, and those data were commonly used to assess needs, develop educational content, and evaluate outcomes.

ANCC NCPD Accredited Providers supported leadership development, learner assessment, curriculum design, program evaluation, certification preparation, instructional methodology, and Competency-Based education. Their priorities for the coming year centered on implementing new accreditation criteria, educational strategies, educator development, promoting the value of NCPD, and outcomes-based education.

Together, the findings demonstrate the role of ANCC NCPD Accredited Providers as workforce capability for educational quality, professional capability, collaborative learning, and the advancement of nursing continuing professional development.